DOCUMENT RESUME

ED 246 587 EC 162 780

AUTHOR Gil, Linda L.
TITLE Integrating Normally Developing and Handicapped Infants and Toddlers into a Child Care Program.
INSTITUTION Northwest Center for Retarded, Seattle, WA.
PUB DATE Mar 84
NOTE 15p.
PUB TYPE Reports - Descriptive (141) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Day Care Centers; *Disabilities; *Early Childhood Education; Infants; *Mainstreaming; *Program Development; Program Implementation; Young Children

ABSTRACT

The paper describes issues in integrating handicapped children into early childhood education programs. Experiences of the Northwest Center Infant and Toddler Program (Seattle, Washington) are noted to illustrate philosophical considerations (particularly the isolation of handicapped children) and program planning and development issues. Beginning steps include a thorough review of the literature and needs assessment, identification of overall goals as well as components of children's services, family involvement, staff development, budgetary considerations, and program evaluation. Examples of the Northwest Center's approach to these aspects are offered. The values of incorporating tenets of early childhood education (such as focusing on the whole child and building self esteem) and of special education (such as setting individual goals, measuring progress, and programming for the individual child in the group) are stressed. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED246587

NORTHWEST CENTER
INFANT AND TODDLER DEVELOPMENT PROGRAM

INTEGRATING NORMALLY DEVELOPING AND HANDICAPPED INFANTS AND TODDLERS INTO A CHILD CARE PROGRAM

BY

LINDA L. GIL
NORTHWEST CENTER FOR RETARDED
1600 WEST ARMORY WAY
SEATTLE, WASHINGTON 98119
MARCH 1984

FC 16278

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Linda L. Gil
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

INTEGRATING NORMALLY DEVELOPING AND HANDICAPPED INFANTS AND TODDLERS INTO A CHILD CARE PROGRAM

Northwest Center Infant and Toddler program is an early childhood program providing comprehensive services for 50 families, half of whom have children with handicapping conditions. All children are between the ages of four months and 40 months, and handicapping conditions range from a mild delay in a skill area to multiple handicapping conditions. The services include therapies, educational programming, health related services, family counseling, and full day child care. The infant and toddler program also provides a home program for children with special needs who are not able to attend the center based program. That child may be in a day care home, another center or the child's own home. A staff person supervises the coordination of services for the child in that setting.

The purpose of this paper is to describe some methods and strategies for program administrators who are considering the mainstreaming or integrating of a program serving only one population. The paper will primarily focus on the child care setting, because this program was initially funded to demonstrate the feasibility of the two populations being accommodated at such a young age in a full day, child care setting.

The Infant and Toddler program was conceptualized in 1979. A proposal was submitted to the U.S. Department of Education, Office of Special Education, Handicapped Children's Early Education Program (formerly Bureau of Education for the Handicapped). The grant was awarded in 1980 and the program, which at the time, was an early intervention program serving only infants and toddlers with handicapping conditions, began to integrate normally developing children into the child care program.

Philosophical Considerations

The question most often asked of anyone describing this program is why would a family with a normally developing child want to place their child in a program for handicapped children? This is a significant question to be answered because the answer provides direction to any program administrator considering such an undertaking.

For the Northwest Center program, the first consideration in integrating the program was the isolation of the handicapped children. To the persons conceptualizing the program, it was increasingly difficult to justify a program in which no role modeling for normal behavior, no patterns of normal movement from one stage to the next, no normal speech and communication patterns were present from which parents, staff and children could benefit.

For this program, the answer to the question about normally developing children, is still as relevant today as it was four years ago. Parents of normally developing children who were seeking full day child care wanted a quality program, with high staff:child ratios, staff people who were well trained and skilled in child growth and development principles. This information was documented in needs assessments administered in the form of questionnaires to potential users of the program.

The second issue for consideration was the need for full day child care. In this city four years ago, there were few infant and toddler centers and few day care providers offering those services. What was available was not always meeting the desires of parents. Taking the two issues into consideration, the isolation of the children with handicapping conditions and the great need for out of home infant and toddler care, this program paired the needs and designed a program that would meet the needs of both populations. The overall focus being on the most important issue, that of breaking the isolation patterns of special needs children and their families. It is important for any administrator considering such an undertaking to be cognizant of the community needs. In this community, those needs just described were extremely important to the success of the program.

A Review of the Literature as a Basis for Decision Making

Consider the needs of infants and toddlers in child care (Weisbourd,1981, Zigler, 1982, Lewis, 1974 and Lewis, 1984). As a group they need consistent care givers who are knowledgeable in the field of child development, small group sizes and developmentally appropriate activities provided them each day. Handicapped or developmentally young infants and toddlers have the same needs. Integrated or mainstreamed child-care simply means addressing the needs of each individual child within the child-care setting. Every child deserves this amount of respect and attention.

Throughout this paper, the term "integration" (Guralnick, 1978) is used when describing the program and activities at Northwest Center. From this perspective, Northwest Center's program for handicapped children was integrated with normally developing children, creating a unique infant program in an early childhood setting. In the view of this program, integration occurs when normally developing children are included with handicapped children and mainstreaming occurs when some handicapped children are placed in a usual group of normallly developing children. Northwest Center's program had an enrollment of 24 each of handicapped and non-handicapped children, ages four months to 40 months. Hence, the integrated program or as some have labeled the arrangement, the reverse mainstreamed program.

Kaufman, Gottlieb, Agard, and Kukic (1975) suggested the following definition of mainstreaming: "Mainstreaming refers to the temporal, instructional and social integration of eligible exceptional children with normal peers based on an ongoing, individually determined, educational planning and programming process. It requires clarification of responsibility among regular and special educational administrative, instructional and supportive personnel."

Diane Bricker (1978) shares her analysis that educational mainstreaming is undergirded by three classes of arguments and those are the social-ethical, legal-legislative, and psychological-educational. Through these bases for integration are surely related, there are other considerations. The philosophical consideration for the court decisions originating from the 1954 Brown decision suggested that separate was not equal and that the forced isolation of any group of human beings deprives them of their inherent rights. Central to this consideration is the doctrine of least restrictive environment. These considerations were combined to form the basis for Public Law 94-142, the federal "Education for All Act." These same considerations have been primarily directed toward the school age population, and not necessarily pre-school children and almost never handicapped children under three years.

The word "mainstreaming" is loaded with different meanings for most people. For purposes of this paper, mainstreaming means providing experiences most likely to ensure that handicapped children maximize their potential for independent functioning at every level of their development. It is the pursuit of the most normal environment possible. This can be achieved through bringing together handicapped and normally developing children. Appropriate education is unique to the individual child. Mainstreaming is a dynamic and ongoing decision-making process that addresses the individual needs of children.

This decision making process does not require that there be a radical departure from a program's original goals and orientation. Mainstreaming encourages the development of new and creative models for serving handicapped children and their families through programs that strive for excellence in serving children without special needs and their families.

Regular preschool programs are outside of the public schools in most states. Head Start was first mandated to serve handicapped children in 1973. Most states do not have mandated services for handicapped children below common school age, which is usually five or six years of age. Permissive legislation usually provides services to young children with special needs. Usually the children most often identified for mainstreaming have been mildly handicapped. An attachment provides current information on the status of state mandates.

In the last decade, through the federal Office of Education, Special Education, Handicapped Children's Early Education Programs, younger children in early intervention programs have more often come into focus. Under this branch,the programs have mostly been categorical in their service delivery. Few have been funded serving integrated or mainstreamed populations. Whether or not this is a function of the selection process or submissions from the field, is not known to this writer. In 1978, the book, Early Identification and the Integration of Handicapped and Nonhandicapped Children (Guralnick) appeared and systematically identified the influencing factors in the integrated efforts. While this book was a landmark for identifying strategies to integrate preschool programs, there continues to be much less information regarding the practices in generic programs for children below the age of three years.

Mainstreaming, simply stated, is including children with special needs and children with usual needs together in the same classroom arrangement. The goal of mainstreaming is to provide a normalized environment in the least restrictive environment. The fundamental assumption is that all children differ in their learning styles, interests, skills and backgrounds and can benefit from an individualized approach. These experiences can help all children to live their lives more fully (Meisels, 1977).

Program Planning and Development

How then to accomplish the task of integrating or mainstreaming a child care, early childhood or specialized children's center? To accomplish this task within any educational setting it is necessary for the program administrator and staff, if appropriate at this juncture, to answer some very important questions. Questions include: What will this program offer to all children that is unique to them and to this community? What are the needs of the group of children this program plans to serve? Why do we want to serve these children? What is the best

way to accomplish delivering services? What are the constraints? How can we compromise without jeopardizing the program? How will this program work with parents, staff and children and how will we know the program is working?

Northwest Center developed a product entitled "Philosophical Considerations when Mainstreaming or Integrating a Program". The document is divided into three sections, one section each addressing the areas of public relations, programmatic issues and budget issues. Each section is designed in such a manner as to urge the reader to conceptualize, implement and evaluate the three areas. The areas and considerations are critical to program implementation and success.

Northwest Center also developed a manual addressing the implementation of all program components. Both products are available through this agency for those programs considering such issues.

First Steps

When looking retrospectively at the inception of this program, the strongest suggestion to an administrator is to first address philosophical issues, such as those outlined in the instrument described in the above paragraphs. It is critical to the success of the program for at least two key persons, preferably the administrator and a board member,to be committed to the concept of mainstreaming or integration and be quite familiar with the literature as a theoretical basis to the program. Key persons need to be prepared to lead, train and develop the staff while developing the program. It is the opinion of the persons who have developed this program into a successful early childhood center in this community, that the program would not have developed without this initial commitment.

The next step is to evaluate the existing program. This can be accomplished through a variety of systematic means. One useful way is through the use of an instrument similar to the one adapted by Northwest Center from another instrument used for the same purpose. Our program calls this instrument simply, PROGRAM EVALUATION: A Needs Assessment Instrument. Its' purpose is to examine each component of the program (i.e. administration, staff development, children's programming, parent involvement) through the stages of conceptualization, implementation, and evaluation. With this instrument, both the program administrator, board members and staff persons can examine the program from a strengths and needs perspective. This program routinely uses parts of this instrument on an annual basis to evaluate program goals and new directions for the program.

Through identifying the status of the existing program, those persons responsible can then determine the goals and direction for the conceptualized mainstreamed or integrated program. The same instrument can then be used to evaluate the strengths and needs of the new directions and realistic timelines can be attached to action items. Through this process, Northwest Center designed a plan that progressed over a period of 24 months, with checkpoints designated at every three months. The concept was to break each program component into small enough steps that a step could be replaced if it was not working properly (or getting the desired results), rather than agonizing over replacing the whole component with something different.

The next logical step was to identify the most important program components to be developed. For this program, they were identified as being administration, parent involvement, all aspects of children's programming and staff development. Budget issues were not categorized separately, but rather were identified as being central to each of the program components. In other words, this program made the decision that each of these components was critical to the success of the program, so therefore, the budget would have to accommodate them in some manner. It became the administrator's task (with input from staff) to set, in order of priority, the budget considerations for each of these components.

Planning and Development of Program Components

Once the overall goals for the program were established, the components identified, the needs and strengths were clarified and the means for evaluating these components were attached to each, the whole set of events was projected onto the timeline. Action items were assigned in each component and the plan was underway.

In the administration component some of the decisions to be made were as follows: What educational theory would serve as the basis for theoretical underpinning? What would be the overall program goals for the year and how would they fit from year to year? What would be the goals for each component and how would they fit with overall program goals? What methods and strategies to accomplish goals in each component would be compatible with the educational premise? Each of these questions were answered in writing for future reference and used as support information at critical decision making moments.

In addition, attention was given to criteria for intake, tuition (that had never been a consideration before), transition procedures, staffing patterns, environmental design and a whole host of other considerations pointed out by the use of the needs assessment instrument.

Children's Services

Since the overall purpose of the program was to serve children with special needs in a usual early childhood environment, the questions to be answered in this component were critical to every other component and aspect of the program. This program made the decision that all children in the program would have comprehensive services available to them at this one site. For this program that meant,for each child's family, the option of full day care, therapies for the child identified as needing them, full evaluations, assessments and individual program planning for each child, nutrition and health services.

For Northwest Center, these decisions meant that the services must be provided within the optimal early childhood environment. The decision was reached to group children in small units called family units. In these units, there were eight children, four of whom had handicapping conditions and four of whom were normally developing. The groups were developmentally integrated as well, providing for the child "sibling like" opportunities in a family setting. All services for the child would be provided by persons within that naturalistic environment. Two teachers,one an early childhood educator and one a special educator, became the case managers for their group of eight children, with therapists and specialists working with the child through the child's primary caregivers (the

teachers).

In order to determine what the individual needs of the child would be and to program for the child within the group, the children were evaluated with standardized instruments upon entry to the program (Bayley Scales of Infant Development) and teachers chose developmental checklists to assess current levels of performance and to identify strengths and needs. Since the program had adopted a cognitive-developmental approach within a Piagetian framework, all design of classrooms and programming for the child in the classroom was conducted within that framework.

A regular schedule of assessment was designed to ensure that each child's needs were being met, both handicapped and normally developing. This assessment schedule received critical attention, as the purpose was to formally document the child's development, provide checkpoints for the teachers and clinicians and provide a guideline of growth and development for the parents. The intent was not to "make children better" or to create undue paperwork for staff persons, so the purposes needed to be very clear to all who were a part of this process.

The assessment protocol for each child included the following: Bayley Scales administered upon program entry and exit, or at the beginning and end of each year if the child stayed beyond one year; developmental checklists administered to each child twice yearly; standardized instruments in the areas of physical therapy and communication therapy administered by clinicians specializing in these areas, administered minimally twice yearly to children whose diagnosis suggested such evaluations; dental, vision, hearing, immunization checks, well-child checks, and nutrition screens administered minimally once yearly for each child. Results of all assessments and evaluations were projected onto a matrix for individual child comparison and group comparisons from year to year. At each assessment checkpoint, the child's accomplishments were measured by the progress on the child's Individual Education Plan (the Individual Development Plan for the normally developing child) and against only the child's own accomplishments.

Other instruments, both standardized and informal, were used as a part of overall assessment protocols, however time does not permit discussion of them here. A complete list of all instruments used by our program is available to anyone wishing to obtain it from us.

Family Involvement

How to plan for satisfaction? This program decided that it was important to have as a goal for this component documentation of parent satisfaction. This goal was compatible with the overall program goals. The methods to accomplish this were as follows: administer formal needs assessments to all parents at a minimum, twice yearly; design the parent involvement options around the identified needs and build the options on existing strengths (Turnbull,1982); document all activities parents engaged in to determine if their involvement in the activities was making a difference in their areas of need; obtain written satisfaction feedback at every opportunity.

Through careful record keeping activities that have been refined over the past four years, the parent information continues to reflect where the greatest satisfaction occurs, what the program can change from year to year that will work better, where the program is not meeting the needs of families and what can be

done about it.

This program retains as its parent philosophy the value of accepting the parents at their present level of experience and moving with the family at the pace which they choose to develop in the parenting process. That has meant a program that provides a variety of individual and small group opportunities, from participation on a parent advisory committee to informal classroom participation to evening parent meetings.

Communication in a format that was acceptable to the family was the key consideration of staff persons working with families. A basic tool to the communication system was the implementation of a "daily diary" in the form of a notebook. Each parent was required to furnish a notebook in the diaper bag of the child upon entry into the program. This notebook, sometimes written in daily by key staff persons, slowly built the line of communication between program and family. Many other options were available to the family, but this one was considered the basis of the communication system. This strategy is even stronger today and still in use.

Staff Development

The third most important component and key to success of the integrated or mainstreamed program was the staff who were working in the program. The most important issues were how to know what they needed, how to develop their skills for best use in this program and how to address the issue of burnout in those people working with new programs. This is especially true of special educators (Linder, 1982) and early childhood educators working with infants and toddlers. The goal of the staff development component was to address the issues in a systematic manner that would be in keeping with overall program goals. For this program, that meant adopting a "discrepancy model". In this model, the issues relating to the program were outlined in one column, the skills required by the program in another column and the skill level the staff person possessed in yet another column. The difference score between the "skills required and the skills possessed" formulated the basis for determining the priority of needs of individual staff persons.

Using the individual information, as well as information from an annually administered "needs assessment", an overall staff development plan was designed to cover a period of ten months. The plan included information needed by staff members from within the program, information provided by outside resource persons and participation in seminars and conferences. The weekly staff meetings were conducted within a monthly unit plan. Once monthly a presentation was given by a teacher team, a physical or occupational therapist, the nurse, a speech clinician, or a family services person and an outside resource person.

One of the most important issues was designing an individual orientation plan that could be used with each person coming into the program, as well as at the beginning of the program year. This was a critical issue because in most early childhood programs, the turnover in staff is frequently high. This is often due to staff persons being paid lower salaries than their colleagues in public school settings, the lower status accorded those teachers working with infants and toddlers than to those working with older children, the stresses of working with any one who has special needs and the stress of being a traditionally trained teacher working in a child care setting. Any of these single factors

combined with any one or all other factors, present a real challenge to a sensitive program administrator.

Ultimately, the quality of the staff became one of the strongest success factors in the program. Caring, sensitive, well trained persons in all disciplines represented in this program who were open to learning and growing with the program and parents was the key.

Budgetary Considerations

As was mentioned earlier in this paper, the budget considerations were addressed with each program component. For example, in the services to children component, when the decision had been made to provided all services to children at one site, the question then became what kind of services, how served and by whom? Some choices were to hire the teachers and contract for the therapy services on an hourly basis. Another choice was to hire only one each occupational and speech therapist and have them maintain higher caseloads and act primarily as a resource person to teachers. Many other options were explored with regard to accomplishing goals within an established budget. The decision was made to offer therapies, education, health and family counseling services. The methods and strategies had to be tied to the existing budget.

For this program, some of the decisions became easier to make with the granting of the three year demonstration grant. In retrospect, much of what was learned could not have occurred without the assistance of the grant. On the other hand, since there were not readily available sources to which this program could go for assistance, it seemed appropriate to have the extra personnel to explore the issues and formulate answers. However, the grant allowed for generosity in staff and as a result much information exists now that allows Northwest Center to perform the task of sharing ideas with other centers about how they can accomplish the same goals without increasing their costs. They can now learn how to acquire the necessary services for their populations through a variety of creative options.

Basically, the budgetary considerations must be made with regard to the goals and objectives of the program and the process which occurs in any agency the program finds itself. That may mean a flat figure is given to a program by an agency and the program is told to provide whatever services it can with that figure. It may mean the program will design the budget based on what it wants to accomplish, then look elsewhere for money to accomplish the tasks. Whatever the process, it is imperative that the program personnel understand that mainstreaming, as an issue by itself, does not increase costs.

Let me give an example of this last statement. If childcare program has ten children in a classroom or a regular education class has 20 children in a room, and each wants to mainstream three special needs children in each class, the need to provide adequate ratios for those three extra children must have a dollar figure attached to it. The increase in dollars to the budget is not necessarily because of the special needs children, but rather due to the concern for the education for all of these six children. They are children and deserve only the very best attention to the issue of staffing patterns and services to be offered. Frequently, people consider the increased costs are due to the special needs child and overlook the issue just described. Frequently, administrators will try to squeeze in a few more children and not increase the costs. Only

because a child with no special needs might not be as visible could this happen, but to whose benefit? Certainly not the child's.

Similarly, if the same classes wanted to include an autistic child who was unusually difficult to manage, a physically handicapped child who required longer times to eat, toilet or maneuver, it might be necessary to reconsider the handicapping conditions to be accommodated in that classroom. The point is that all handicapping conditions are not the same and definitely require different amounts of time and attention. It is imperative that the program initially establish the criteria for service, based on what is realistic for their program. That is quite possible and quite different than saying it is not an affordable issue.

Program Evaluation

The concept of evaluating a program is sometimes anxiety producing to program administrators. This program was fortunate, early on, to have the consultant services of a person who de-mystified the issue of program evaluation. Essentially, this person helped the program staff to understand that evaluating each component of a program did not have to be difficult nor time consuming. She helped the staff to use the evaluation material to make changes, make decisions, find out what was and was not working well and to consider the evaluation material as the means to move forward from year to year.

Northwest Center's staff has progressed considerably in the past four years. Now, what seemed painstaking and laborious in the early months, seems matter of course when planning any component of the program. It is unthinkable that the program would not have evaluation as the core of the planning and ongoing program management.

Evaluation strategies need to be simple, functional and useful. The purpose of information gathering is to decide who will use it, how, why, for what, and to whom it will be reported and for what purpose. The suggestion is to design a matrix that has those headings so that any question, strategy for collecting the data and the data can be put in those categories. It will give the responsible persons a picture of what is occurring and where there are gaps in information.

The next task is to determine what was to be evaluated. For this program, we wanted to know if integration was being effective for both populations, if staff were changing positively in their attitudes, if parents were comfortable with the program options and the program for their child and if therapies were being effective, to name but a few of the evaluation questions.

The program administrator designed a matrix that placed each of those questions in the "boxes" listed in the preceding paragraph. Then the categories of projected outcomes, means to those outcomes and method of measurement were established.

For each program component this matrix was used. The other useful matrix developed and used described across the top of the page the components of family, child and staff. Down the left hand side the words documentation, satisfaction and change were listed. Into each of these boxes went the data collected for each program component and for each question asked about the program.

Briefly, the data collected included the child change over a year's time period, as measured by standardized and informal instruments and the progress on the child's individual program plan. In this way we tried to document the effectiveness of integration with children.

For the other evaluation questions, we designed attitude questionnaires and administered them at designated time intervals. It would have been useful to administer these questionnaires to a group not involved in the program (control) group, however, at that time there were no identified children with special needs who were not receiving services in some manner. Ethically programs cannot identify children and provide no services.

Over a two year period, it became evident that evaluation did not have to be difficult, but rather, it must be useful to someone. For this program, each piece of the evaluation pie answers questions for a particular audience (i.e. parents, funding source, special education, early childhood, day care) and provides some measurement that, when placed in a context, provides direction for other programs considering similar directions.

Summary Comments

Over the three year period, this program concluded it's demonstration status. Northwest Center continues to operate the program as it was developed, and now provides outreach services to other programs wishing to replicate components of the program. Ironically, it is appearing to the persons providing the outreach services, that all children are benefiting from the integrated and mainstreamed services. For as early childhood programs borrow the techniques of special education (i.e. setting individual goals, measuring progress, programming for the individual child in the group) the child benefits. As special education borrows from early childhood (i.e. focusing on the whole child, including normal growth and development principles in educational programming, building positive self esteem) the special needs child receives the attention in an environment once reserved only for the normally developing child.

The learning from each field can only increase the services, options, and quality of services. The influence will affect the direction of special education for children with special needs. The early shared experiences can increase the quality of education for all children. Therein lies the key to the success of the next generation of adults.

REFERENCES

Allen, K.E. Curricular models for successful mainstreaming. Topics in Early Childhood Special Education, 1981, 1, (1), 45-46.

Allen, K.E., Benning, P.M., and Drummond, W.T. Integration of normal and handicapped children in a behavior modification preschool: A case study. In G. Semb (ED.). Behavior Analysis and Education, 1972.

Allen, K.E. Mainstreaming in early education. Delmar Publishers, 1980.

Anderson, J. and Black, T. (eds). Mainstreaming in early education. Technical Assistance Development Systems. Chapel Hill, North Carolina, 1983.

Asher, S.R. and Taylor, A.R. Social outcomes of mainstreaming: Sociometric assessment and beyond. Exceptional Education Quarterly, 1981, 1, (4), 13-30.

Bennett, J. In A.P. Turnbull and H.R. Turnbull (eds). Parents Speak Out. Charles Merrill Publishing, 1978.

Blacher-Dixon, J. and Turnbull, A.P. Preschool mainstreaming: Definition, rationale and implementation. Education Unlimited, 1979, 1, 15-22.

Cooke, T., Ruskus, J., Apolloni, T. and Peck, C. Handicapped preschool children in the mainstream: background, outcomes, clinical suggestions. Topics in Early Childhood Education, 1, (1), 1981.

Devony, C., Guralnick, N.G., and Rubin, H. Integrating handicapped and non-handicapped preschool children: effects on social play. Childhood Education, 1974, 50, (6), 360-364.

Giordano, G. Would you place your normal child in a special class? Council for Exceptional Children. 1982.

Guralnick, M.J. The efficacy of integrating handicapped children in early education settings. Research implications. Topics in Early Childhood Education, 1981, 1, 57-76.

Guralnick, M.J. (ed). Early intervention and the integration of handicapped and non-handicapped children. University Park Press, 1979.

Lewis, B. What is quality child care? Young Children, 1984, 39, (3), 3-8.

Lewis, M. and Rosenblum, L. The effect of the infant on it's caregiver. John Wiley and Sons, 1974.

Meisels, S.J. First steps in mainstreaming: Some questions and answers. Young Children, 1977, 33, (1), 4-13.

Klein, J.W. Mainstreaming the preschooler. Young Children, 1980, 42, (2), 90-98.

Linder, T. The special educator: stress and survival. 1982. Brooks Publishing.

Louks, S.F. and Hall, S.G. Assessing and facilitating the implementation of innovations: A new approach. Educational Technology, 1977, 177, 18-21.

Morris, L.L. and Fitz-Gibbon, C.T. How to measure program implementation. Beverly Hills: Sage Publications, 1978.

Odom, S.L. and Spelz, M.C. Program variations in preschools for handicapped and nonhandicapped children: Mainstreamed vs. integrated special education. Analysis and Intervention in Developmental Disabilities, in press.

NCHRTM- Special Education Dept. A guide for integrating handicapped and nonhandicapped preschool children. 1982, Oklahoma State University, Stillwater, Oklahoma.

McLoughlin, J.A. and Kushman, S. Mainstreaming in early childhood: Strategies and resources.

Raver, S. Preschool integration: Experiences from the classroom. Council for Exceptional Children, 1979.

Strain, P.S. and Kerr, M.M. Mainstreaming of children in school. Research in programmatic issues. New York. Academic Press, 1981.

Turnbull, A. Integration of handicapped children in home, school and community. Mainstreaming in Early Education. TADS, 1983.

Vincent, L., Brown, L. and Getzz-Sheftel, M. Integrating handicapped and typical children during the preschool years: The definition of best educational practice. Topics in Early Childhood Special Education, 1981, 1, (1), 45-56.

Weisbourd, B.,Musick,J. (eds.) Infants. National Association for the Education of Young Children. 1982.

Zigler, E., and Gordon, E. Day Care. Auburn House Publishing, 1982.

Attachment A

Status of Early Childhood Special Education Program Guidelines and Standards

STATE	GUIDELINES YES	GUIDELINES NO	RULES/ REGS/ STANDARDS YES	RULES/ REGS/ STANDARDS NO	DEVELOPING GUIDES	DEVELOPING REGS	AVAILABLE GUIDES	AVAILABLE REGS
Alabama	•		•		•	•	•	•
Alaska		•	•		•			•
Arizona		•		•	•			
Arkansas		•	•					•
California	•		•					
Colorado	•		•				•	•
Connecticut	•			•		•	•	
Delaware	•		•*					•
Florida		•	•					•
Georgia		•	•*					•
Hawaii	•		•*		•	•	•	•
Idaho	•			•		•		
Illinois	•		•		•	•	•	•
Indiana	•			•	•	•		
Iowa	•		•*				•	•
Kansas	•		•				•	•
Kentucky		•		•				
Louisiana	•		•		•	•	•	•
Maine		•		•	•	•		
Maryland		•	•		•	•		•
Massachusetts		•	•		•			•
Michigan		•	•			•		•
Minnesota	•		•*			•	•	•
Mississippi	•		•			•		
Missouri	•		•			•	•	•
Montana		•	•*		•			
Nebraska		•	•			•		•
Nevada		•	•*		•			•
New Hampshire		•	•*					•*
New Jersey	•		•			•	•	•
New Mexico		•		•				
New York		•		•	•	•		
North Carolina	•		•*				•	•
North Dakota	•		•				•	•
Ohio		•	•			•		•
Oklahoma	•		•*		•		•	
Oregon		•		•				
Pennsylvania	•			•	•		•	
Rhode Island	•		•					
South Carolina		•		•				
South Dakota	•		•*			•	•	•
Tennessee		•	•		•			
Texas		•	•*		•	•		
Utah	•		•				•	•
Vermont	•		•				•	•
Virginia	•		•*			•	•	•
Washington	•		•		•	•	•	•
West Virginia	•			•				
Wisconsin	•		•*		•	•	•	•
Wyoming	•		•					
Washington D.C.		•		•		•*		
Puerto Rico	•		•*			•		
Virgin Islands		•		•		•		

* Respondent noted that early childhood special education regulations are part of state's overall special education regulations.

BEST COPY AVAILABLE